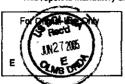
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 246/

3. Name and address of person filing.

C Stapler

Name Christopher

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Inernational Association of Machinists LL2766

4. Name, file number, and address of labor organization.

| | Labor Organization File Number 517-828 | | |
|--|--|--|--|
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 714 Taylor | Street 9740 Madison Blvd. | | |
| City Somerville | City Madison | | |
| State Alabama ZIP Code + 4 35670-5683 | State Alabama ZiP Code + 4 35758 | | |
| 5. Position in labor organization. Committee Member | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name The Boeing Company | Offsite/Pre-negotiations meeting, where the company provided breakfast, lunch, snacks, and dinner at their sole expense. | | |
| Trade Name, if any: Boeing | | | |
| P.O. Box, Bldg., Room No., if any P.O. Box 240002 | | | |
| Street 499 Boeing Blvd. | 7.b. Amount. | | |
| Second 433 Boeing Bivd. | | | |
| City Huntsville | \$50 | | |
| State Alabama ZIP Code + 4 35824 - 6402 | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed Chris Stayler | On 6/2//05 256-464-3932 Date Telephone Number | | |

| ame of Person Filing Christopher Stapler | | ile Number U- 246/ | | |
|--|---|---------------------------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
| Name | a. Labor Organization | | | |
| Trade Name, if any: | b. Trust c. Employer | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | 11.b. Approximate dollar value of such dealing. | | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State ZIP Code + 4 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 12.b. Amount. | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a, Nature of payment. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | \ | | |